

Attachment B

APPLICATION COVER SHEET

Ex-Offender Re-Entry Partnership Planning Application

Date of submittal _____

Principal Grant Program Contact

Principal Grant Fiscal Contact

Organization _____

Organization _____

Name _____

Name _____

Title _____

Title _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____ Fax _____

Phone _____ Fax _____

email _____

email _____

Signatories

Name of Applicant (WIB)

Authorized Signature & Title

Name of Fiscal Agent

Authorized Signature & Title